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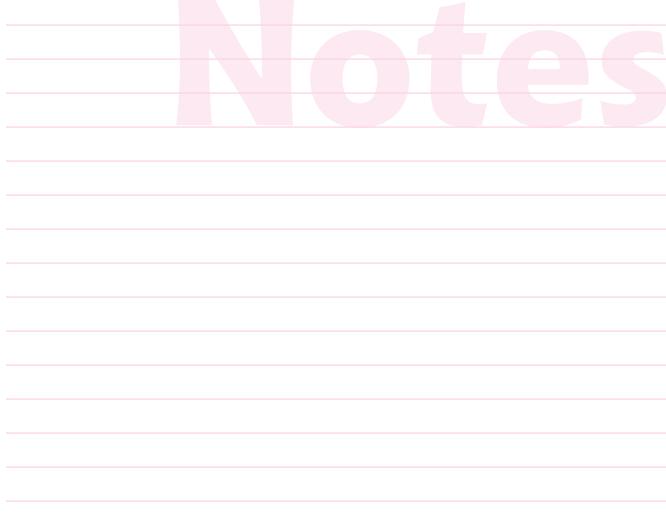
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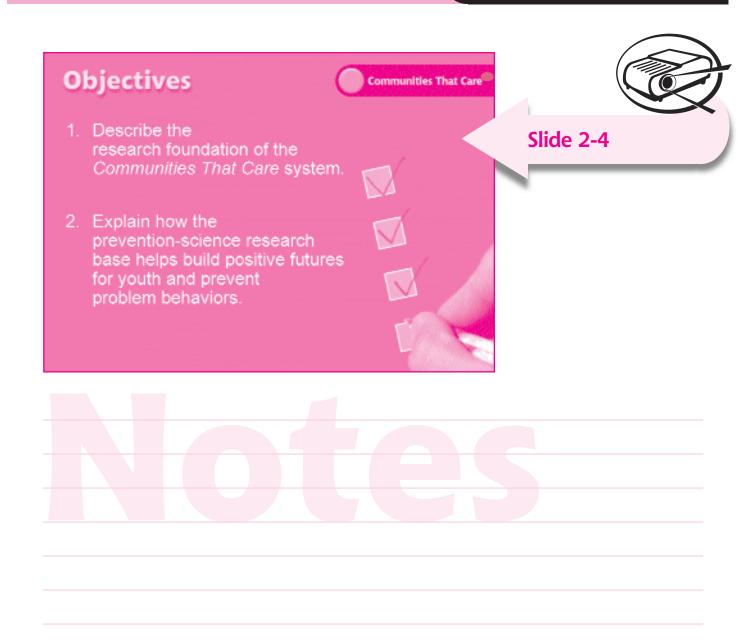










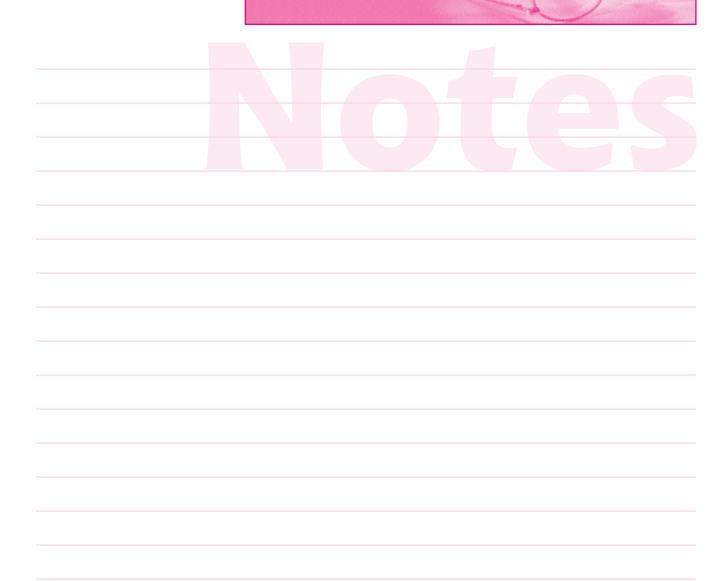




## The research foundation

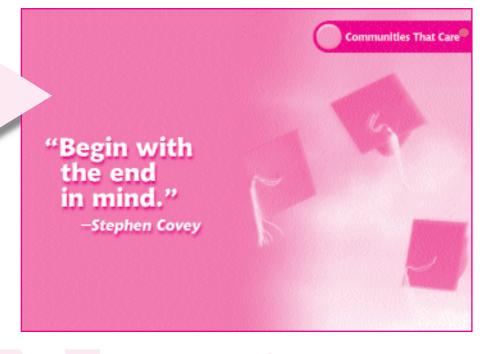


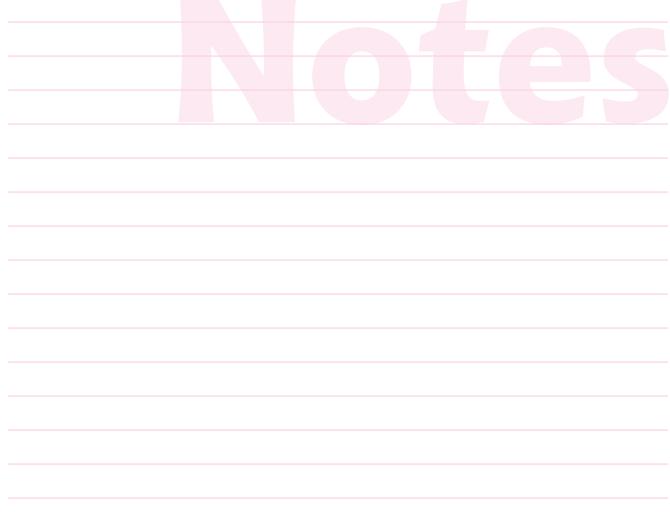
- The Social Development Strategy
- · The public health approach
- Research-based predictors of problem behaviors and positive youth outcomes risk and protective factors
- Tested, effective prevention strategies











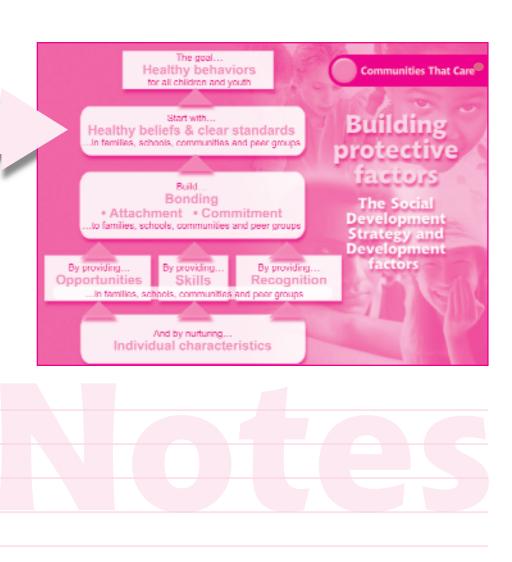


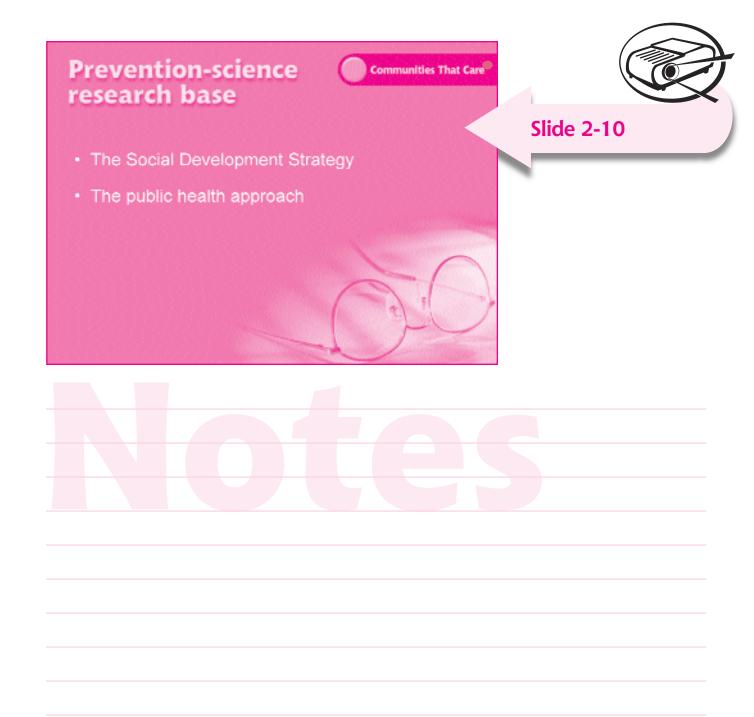
A research-based model that organizes known protective factors into a guiding framework for building positive futures for children





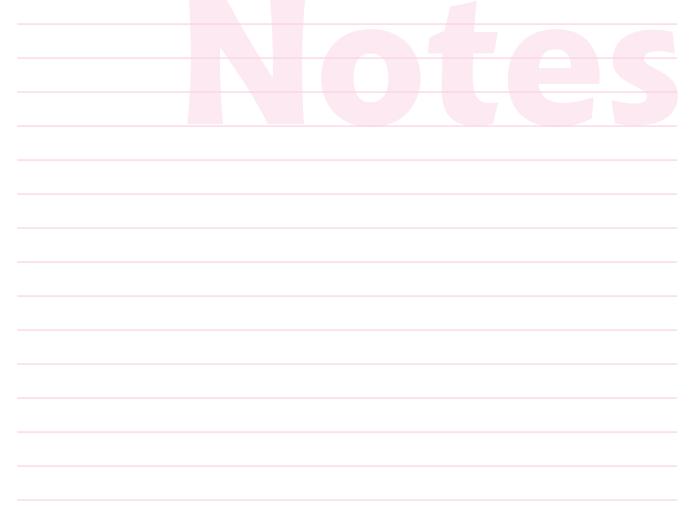










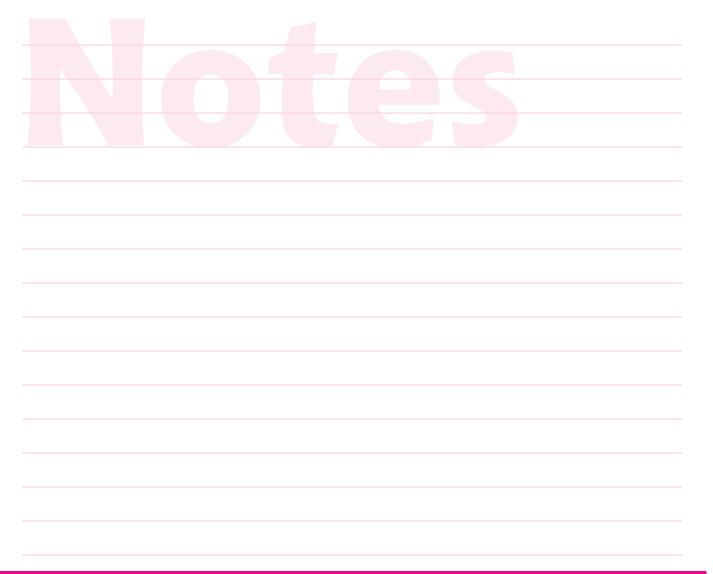


## The public health approach





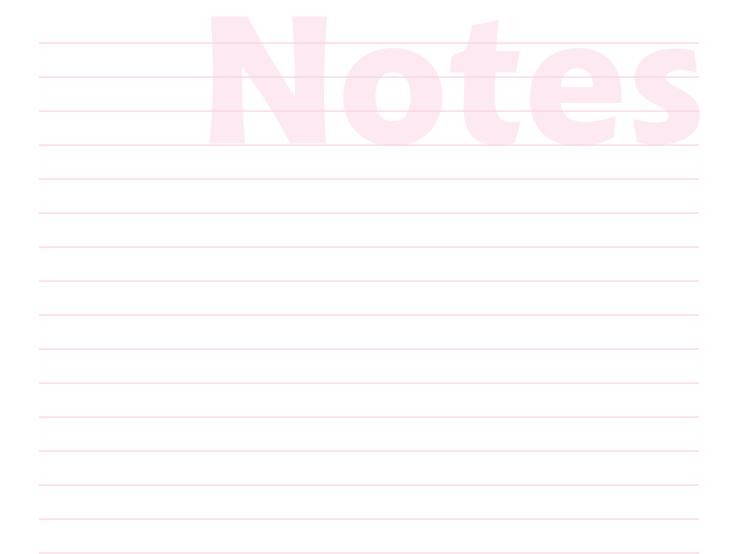
- Based on research on predictors of health problems
- Modifies predictors to prevent behavior problems
- · Can affect the entire social environment
- · Works through collaboration
- · Can create long-lasting results

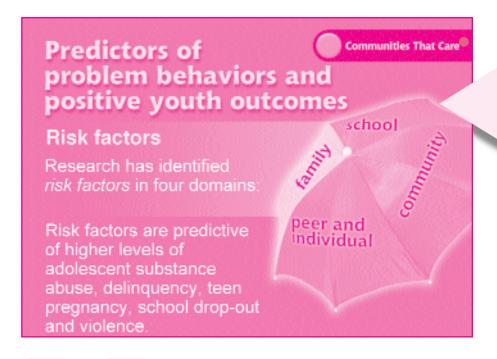




## Prevention-science research base

- Communities That Care
- · The Social Development Strategy
- · The public health approach
- Research-based predictors of problem behaviors and positive youth outcomes risk and protective factors









#### **Risk factors**



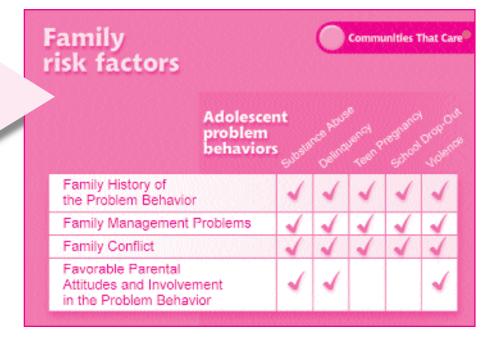
- · Research-based
- · Predictive in multiple longitudinal studies
- · Present in all areas of influence
- · Predictive of multiple problem behaviors
- · Present throughout development
- Work similarly across racial lines
- Measurable
- · Buffered by protective factors

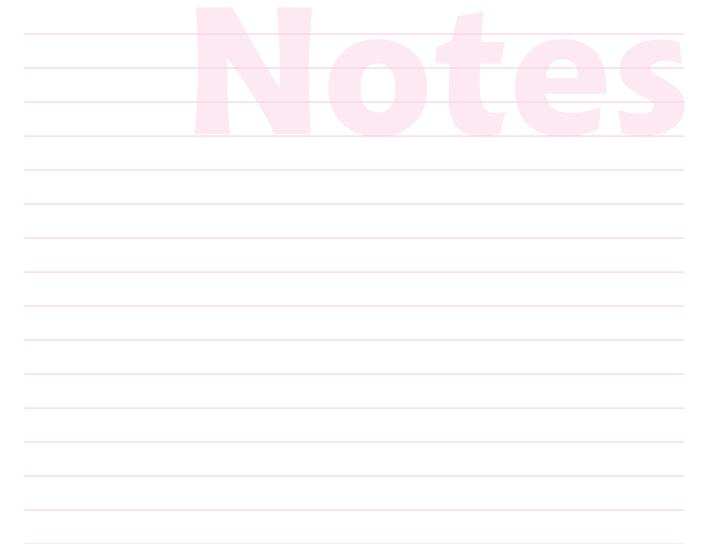


Extreme Economic Deprivation





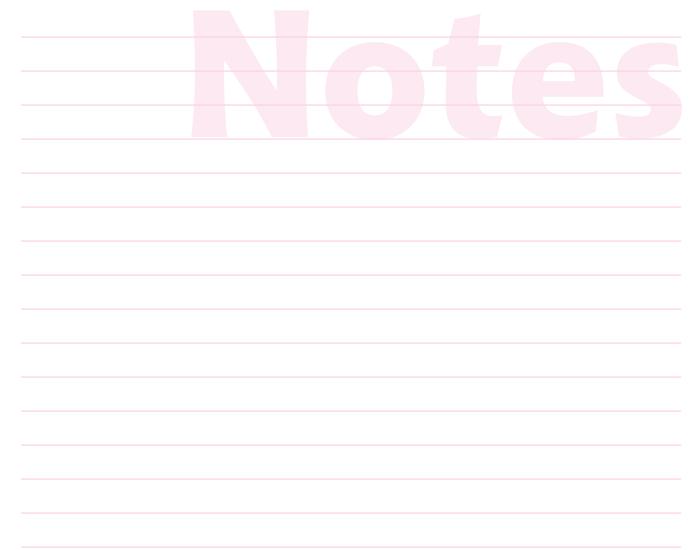








eer and ind isk factors			Q	Commu	nities Ti	nat Ca
isk factors	Adolescen Problem Behaviors	<b>t</b> Substa	Cicle Patric	TEEU E	rediano	Act.
Early and Persistent Antisocial Behavior		4	4	4	4	4
Rebelliousness		1	1		1	
Friends who Engage in the Problem Behavio	or	4	4	4	4	4
Gang Involvement		1	1			~
Favorable Attitudes tov the Problem Behavior	vard	√	4	4	1	
Early Initiation of the Problem Behavior		1	4	1	1	4
Constitutional Factors		./	./		5000	-1



### Risk factors for adolescent problem behaviors

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#### **Risk Factors**

#### **Adolescent Problem Behaviors**

Subst	n lee	Cho			
ance	eling	Prep	Dro	\ Vi	
Community Community	Delinque, buse	Presna	OI Drop.	Viole	no.
Availability of Drugs	1	$\mathcal{V} \setminus$		1	1
Availability of Firearms		1			1
Community Laws and Norms Favorable toward Drug Use, Firearms and Crime	1	1			1
Media Portrayals of Violence					1
Transitions and Mobility	1	1		1	
Low Neighborhood Attachment and Community Disorganization	1	1			1
Extreme Economic Deprivation	1	1	1	1	1
Family					
Family History of the Problem Behavior	1	1	1	1	1
Family Management Problems	1	1	1	1	1
Family Conflict	1	1	1	1	1
Favorable Parental Attitudes and Involvement in the Problem Behavior	1	1			1
School					
Academic Failure Beginning in Late Elementary School	1	1	1	1	1
Lack of Commitment to School	1	1	1	1	1
Peer and Individual					
Early and Persistent Antisocial Behavior	1	1	1	1	1
Rebelliousness	1	1		1	
Friends Who Engage in the Problem Behavior	1	1	1	1	1
Gang Involvement	1	1			1
Favorable Attitudes toward the Problem Behavior	1	1	1	1	
Early Initiation of the Problem Behavior	1	1	1	1	1
Constitutional Factors	1	1			1



Predictors of problem behaviors and positive youth outcomes

Protective factors
Research has identified protective factors in four domains:

Protective factors buffer young people's exposure to risk.

#### **Protective factors**





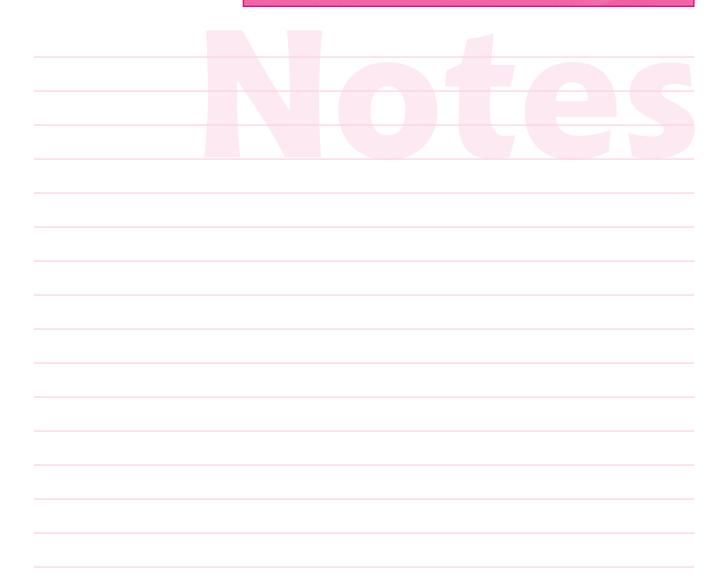
- · Research-based
- Present in all areas of influence
- Measurable
- Predictive of positive youth development
- · Present throughout development
- · Buffer effects of risk exposure

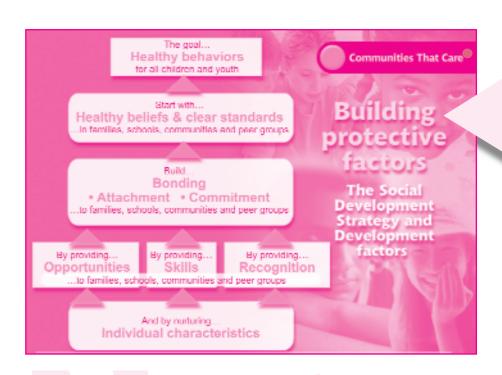


#### **Protective factors**

Communities That Care

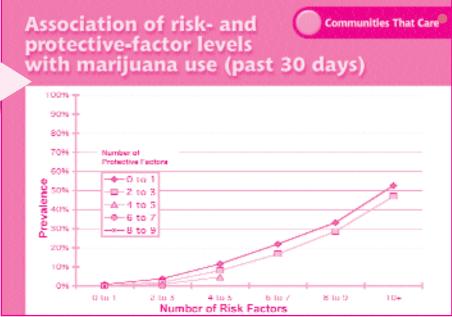
- · Individual factors
  - · High intelligence
  - · Resilient temperament
  - · Prosocial orientation
  - · Competencies and skills
- · Prosocial opportunities
- Reinforcement for prosocial involvement
- Bonding
- · Healthy beliefs and clear standards

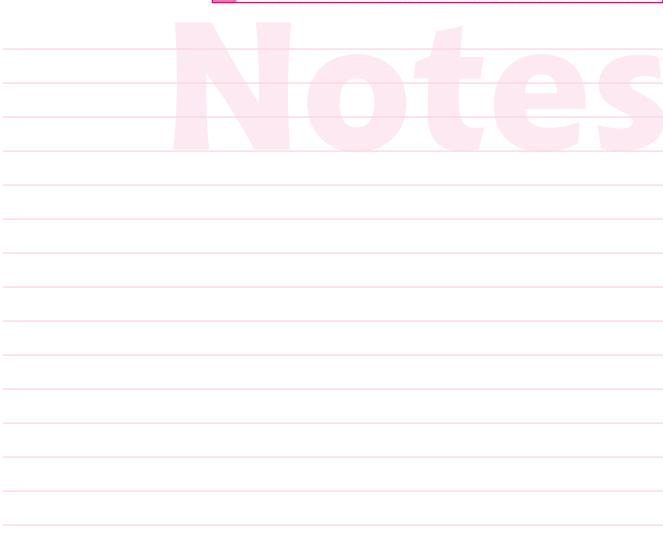


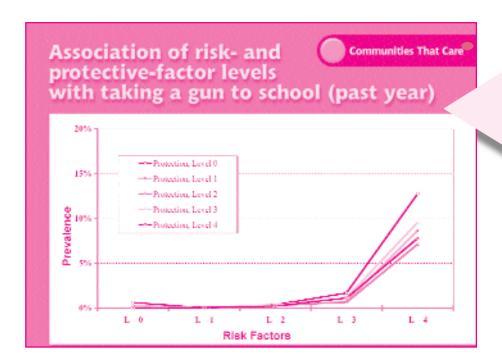






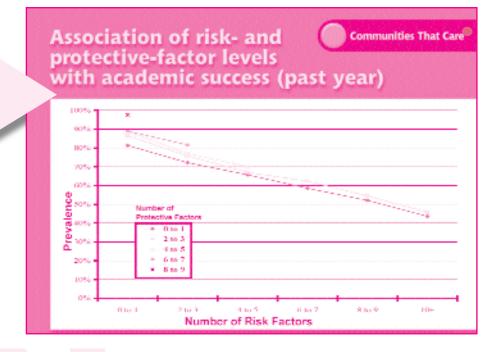


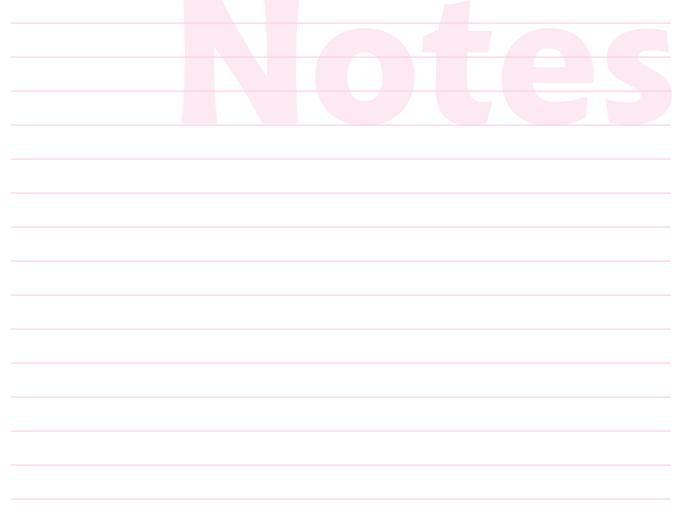






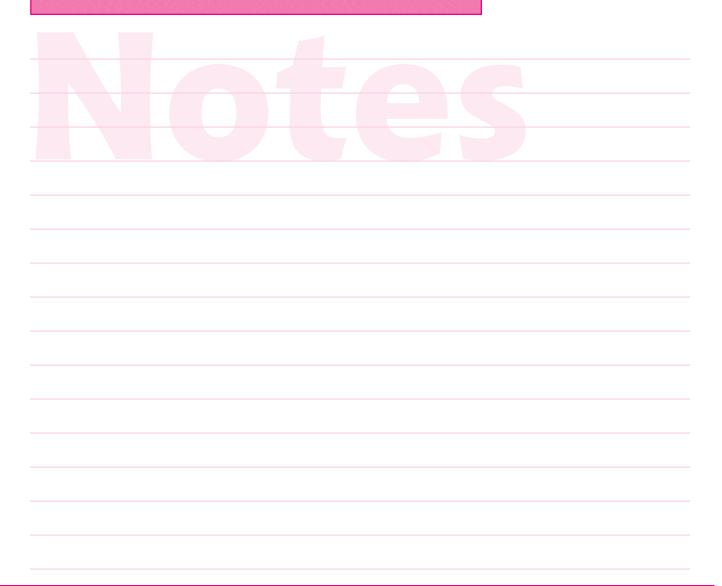






# What research has shown about risk and protective factors

- Risk and protective factors exist in all areas of children's lives.
- The more risk factors present, the greater the chances of problem behavior.
- Risk and protective factors can be present throughout development.
- · Risk factors are buffered by protective factors.



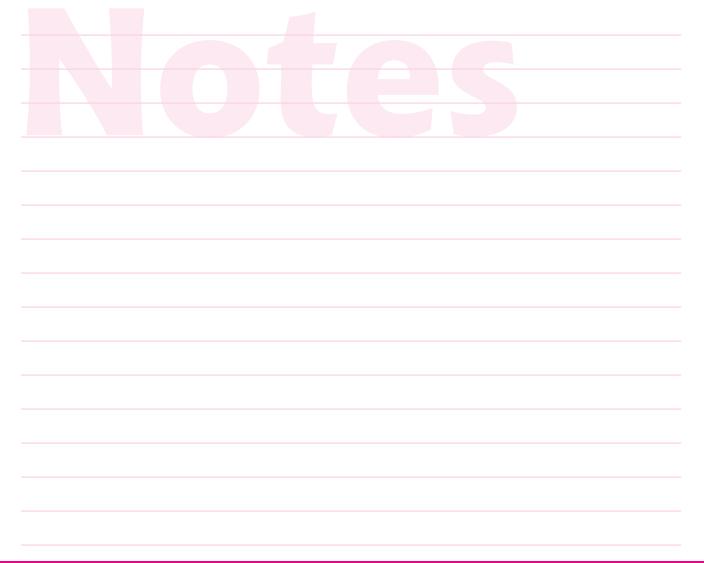


# What research Communities That Care has shown about risk and protective factors

- Common risk and protective factors predict diverse behavior problems.
- Risk and protective factors work similarly across racial lines.
- Both risk and protective factors should be used in prevention efforts.







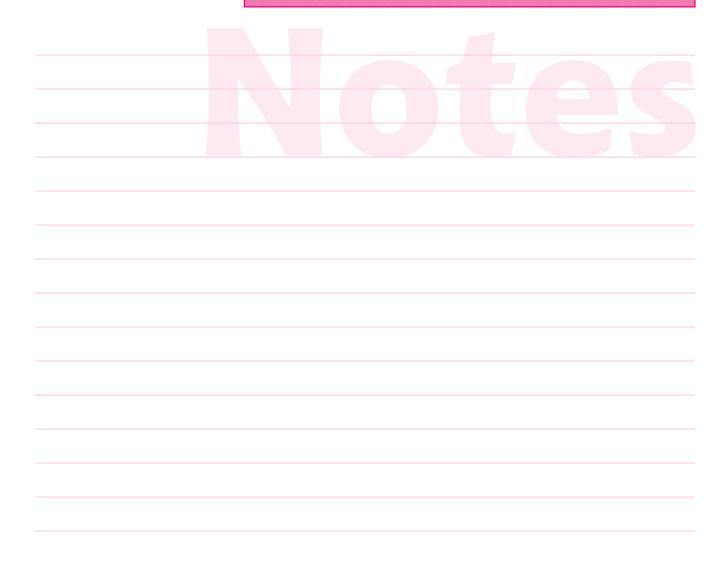


## Tested, effective prevention strategies

Communities That Care

Programs, policies or practices that have demonstrated effectiveness in:

- Reducing specific risk factors and enhancing protective factors
- Enhancing positive behaviors and reducing negative behaviors



#### Effective prevention Communities That Care strategies

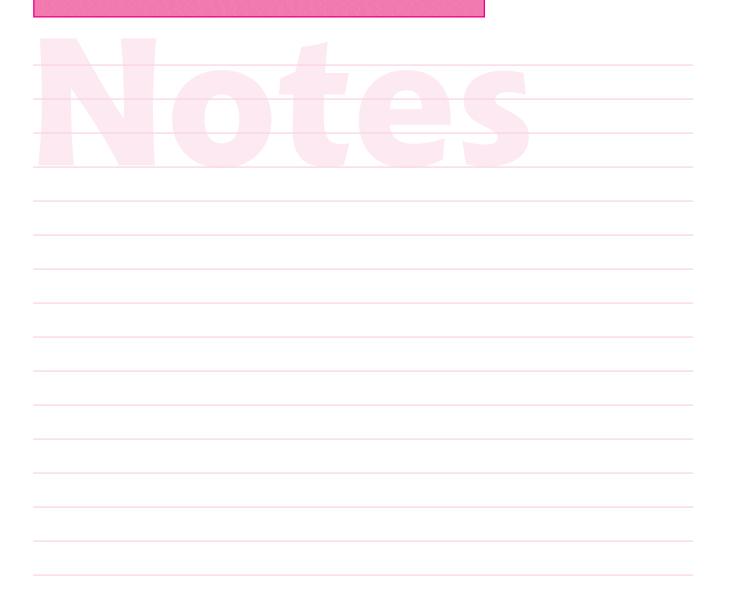




- Adolescent Alcohol Prevention Trial
- Preparing for the Drug-Free Years® (Now called Families That Care: Guiding Good Choices™)
- Adolescents Training and Learning to Avoid Steroids: The ATLAS Program
- · Strengthening Families Program

- · Adolescent Transitions Program



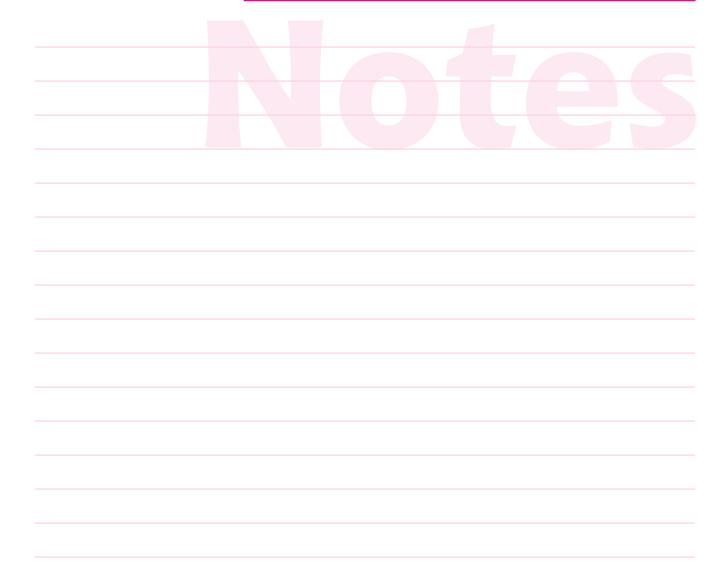




### Communities That Care®

## Prevention **Strategies:**

A Research Guide to What Works



### What works in prevention?



- Prioritizing elevated risks and depressed protective factors
- Including individuals and groups exposed to the highest levels of risk and the lowest levels of protection





**Slide 2-33** 

# Riotes



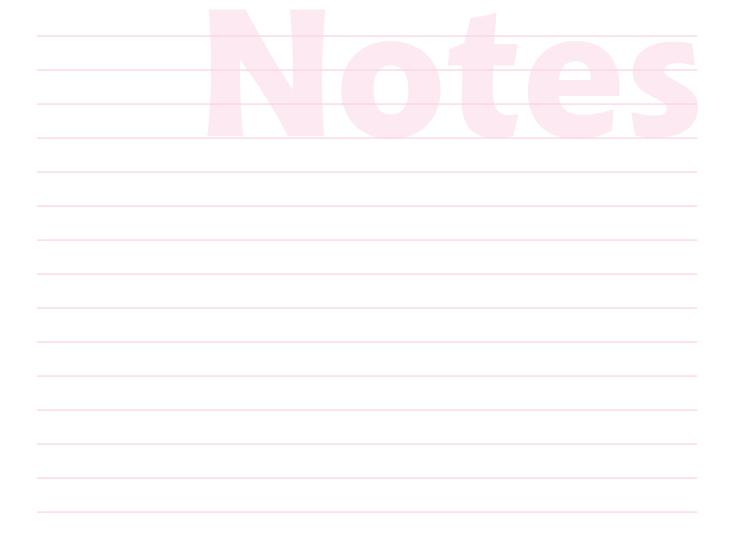
### What works

- Matching tested, effective programs to the community's risk and protection profile
- Selecting tested, effective programs that address the racial, economic and cultural characteristics of the community
- 6. Implementing chosen programs, policies and practices with fidelity and intensity at the appropriate ages

### in prevention?

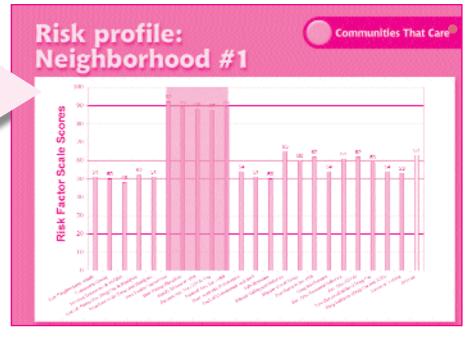


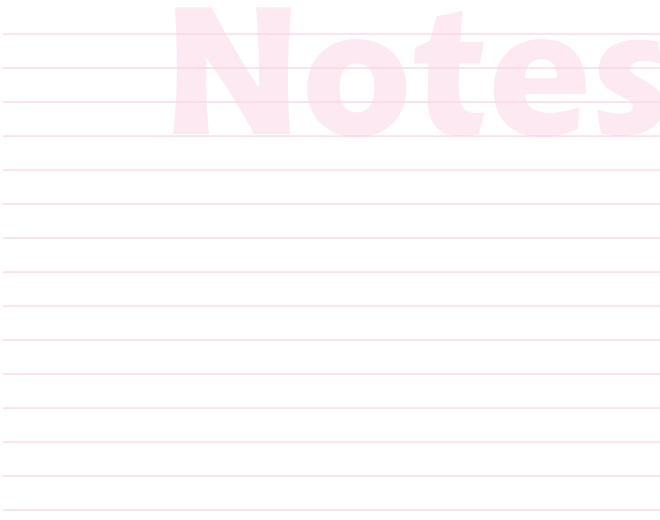
Communities That Care

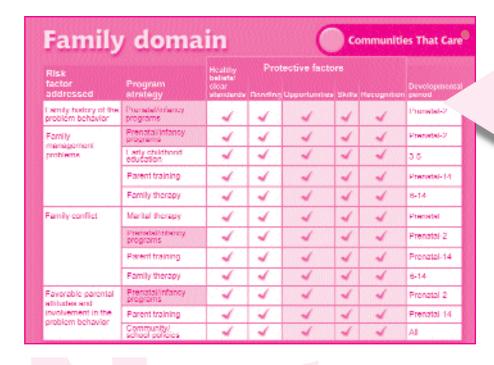
















# Tested, effective (prevention strategies:

Prenatal and infancy programs

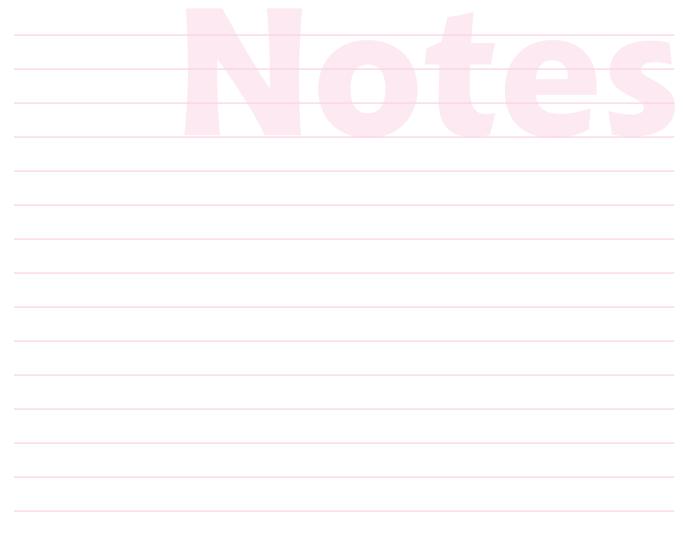
- Nurse-Family Partnership<sup>™</sup>
  (Olds et al., 1986; Olds & Ritzman, 1980; Olds et al., 1998)
- Syracuse Family Development Research Program

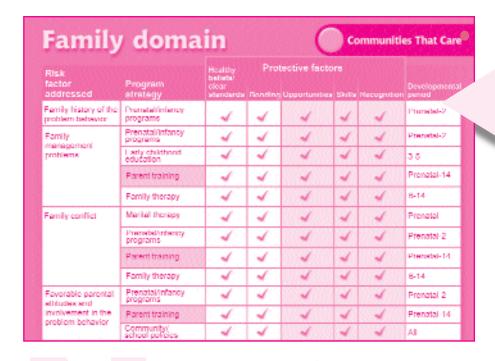
  [Lally, Mangloine & Horrig, 1988]
- Infant Health and
   Development Program
  (Ramey, 1000, Ramey et al., 1992, Liew et al., 1995)
- Keys to CaregivinG videotape series

  (Remark at 1988)



Communities That Care





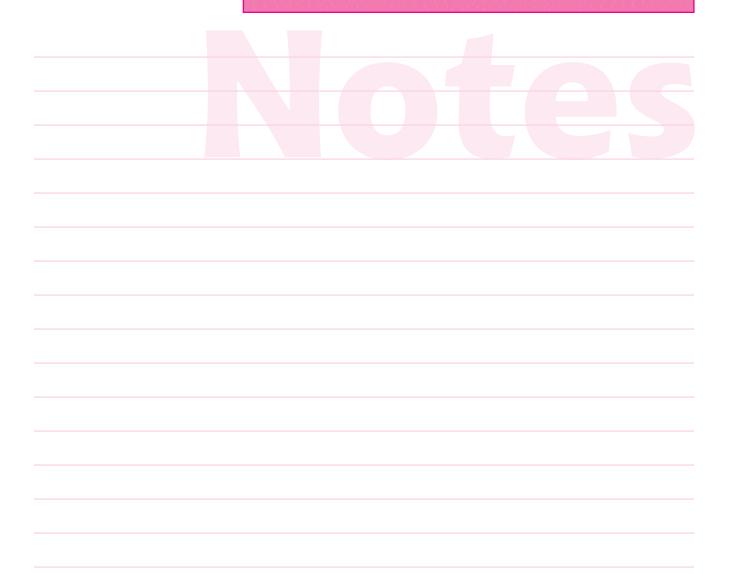


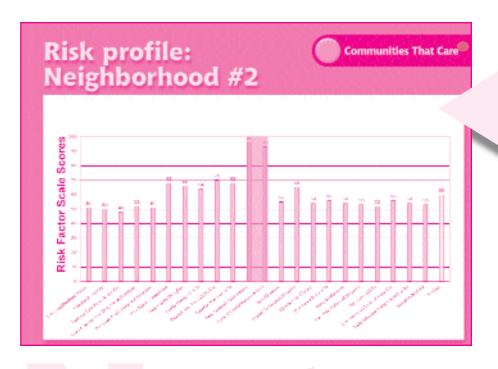


# Tested, effective Communities That Care prevention strategies:

Parent training

- Families That Care: Guiding Good Choices™
  (Celeiano et el. 1998)
- Preparing for School Success™ (Hawkins et al., 1888)
- lowa Strengthening Families Program
  (Spoth et al., 1998, 1999, 2001)







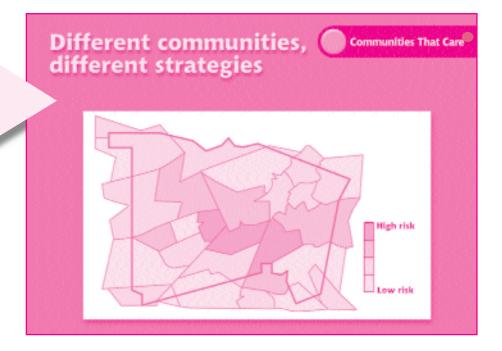


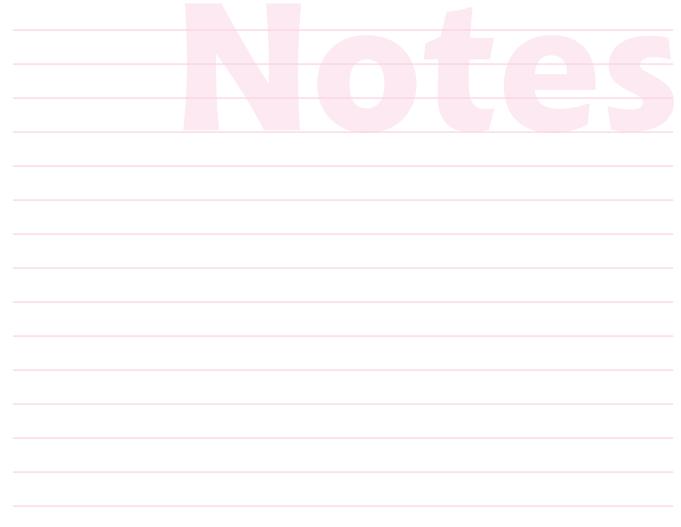
		ain (						
Risk factor addressed	Program strategy	Flexithy beliefs/ clear standards	Protective factors  Bonding Opportunities Skills Recognition			Developments period		
Academic failure beginning in talle elementary school	Parentlinfancy programs	4	4	4	4	4	(hanetel-2	
	Early childhood education	4	1	4	4	4	3-5	
	Parent training	4	1	4	4	4	Prenatal-10	
	Organizational change in schools	4	1	4	4	4	6-18	
	Classroom organization, management and Instructional strategies	4	4	4	4	4	6-18	
	Classmom curricula for social competence	4	4	4	4	4	8-14	
	Schnol behavior management strategies	4		4		4	614	
	Youth employment with education	V	4	4	4	4	15-21	









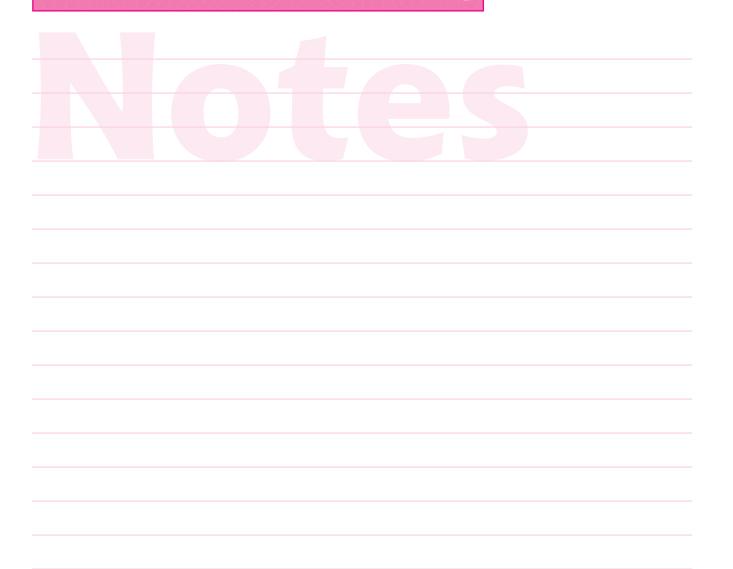


### What works in prevention?

- Assessing community levels of risk and protection
- Prioritizing elevated risks and depressed protective factors
- Including individuals and groups exposed to the highest levels of risk and the lowest levels of protection









### What works in prevention?

- Matching tested, effective programs to the community's risk and protection profile
- Selecting tested, effective programs that address the racial, economic and cultural characteristics of the community
- Implementing chosen programs, policies and practices with fidelity and intensity at the appropriate ages







